



**DISTRICT
F A S
STANDARD CONTRACT**

FOR COUNTY USE ONLY

E		New	Vendor Code			Dept.	Contract Number		
M	x	Change			SC	SPD	01-783-A1		
X		Cancel				106	A		
DISTRICT					Dept.	Orgn.	Contractor's License No.		
San Bernardino County Consolidated Fire District									
County Service Area 38, County Service Area 38, Zone L, and County Service Area 70									
DISTRICT Contract Representative					Ph. Ext.	Amount of Contract			
Patrice Ashe					(909) 387-5944	\$250,000 F/Y 2003/04			
Fund	Dept.	Organization	Appr.	Obj/Rev Source	Activity	GRC/PROJ/JOB Number			
SGP	290	A78	\$75,924	2400					
SHV	290	A78	\$174,076	2400					
Commodity Code				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D
Project Name									
FIRE PROTECTION SERVICES AGREEMENT									

THIS CONTRACT is entered into in the State of California by and between CSA 38 and CSA 70, hereinafter called the District, and

Name

CITY OF SAN BERNARDINO

hereinafter called CITY

ATTN: SUSAN LONGVILLE, MAYOR PRO TEM

Address P. O. BOX 1318

SAN BERNARDINO, CA 92402

Phone

(909) 384-5286

Federal ID No. or Social Security No.

IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Agreement No. 01-783 is hereby amended as follows:

1. Section 6 is amended to read:

"6. Term-This Agreement shall become effective July 1, 2001 and continue in effect through June 30, 2004. Thereafter, the parties may agree to extend the Agreement for additional one-year periods on the same terms and conditions. "

2. In all other particulars, said Agreement remains unchanged and in full force and effect.

///

COUNTY

CITY

City of San Bernardino

(Print or type name of corporation, company, contractor, etc.)

► _____
Dennis Hansberger, Chairman, Board of Supervisors,
Acting in its capacity as governing body of District

By ► _____
(Authorized signature - sign in blue ink)

Dated: _____

Name Susan Longville
(Print or type name of person signing contract)

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

Title Mayor Pro Tem

Dated: _____

By _____
Deputy

Address: Office of the City Clerk
P. O. Box 1318
San Bernardino, CA 92402

Approved as to Legal Form

► _____
County Counsel

Date _____

Reviewed by Contract Compliance

► _____
Date _____

Presented to BOS for Signature

► _____
Department Head

Date _____